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(Re	questor's Name)		
(Ad	dress)		
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
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Certified Copies	_ Certificates	s of Status	
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SECRETARY OF STATE OF CORPORATION

MAR 0 9 2017 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew L. HARRIS JR
(Name of Contact Person) Matthew L. HARRIS JR. Ministers INC. (Firm/Company) Kissimmee Fl. 34746-3899
(City/ State and Zip Code) M/h/m/N/37RIES & Amail. Com
E-mail-address: (to be used for future annual report notification) For further information concerning this matter, please call: Matthew L. HARRIS JR. at 407 - 466-4659 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed)

Afficies of Amendment
to
Articles of Incorporation
of
SSTOP INC
(Name of Corporation as currently filed with the Florida Dept. of State)
N 10000000 178
(Document Number of Corporation (if known)

(Document	Number of Corporation (if known)	Ŏ,
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Co	rporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
Matthew L. HARRIS JR. name must be distinguishable and contain the word "co	Midistrales Tass	Ti.
name must be distinguishable and contain the word "co	orporation" or "incorporated" or the ab	hreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	. /	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	$\sim M/R$	
(maung address MAT BE AT OST OFFICE BOA		
D. If amending the registered agent and/or registered		name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:	N/A	
	(Florida street address)	
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi- I hereby accept the appointment as registered agent.		ions of the position.
white approximation and a second a	/ /	<i>-,</i>
	NA	
	Signature of New Registered Agent	. if changing

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	N/A	
Add		
Remove	.//	
2) Change	<i>N/</i>	
Add	,	
Remove	/	
3) Change		
Add	,	
Remove	1	
4) Change	<i>N/A</i>	
Add	,	
Remove	. 1	
5) Change	N/R	
Add	,	
Remove	. /	
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here:			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			
,			

	e date of each amendment(s) adoption:	, if other than the
late	e this document was signed.	
Eff	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	ie: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi ument's effective date on the Department of State's records.	ll not be listed as the
A do	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.)
⅓′	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 2/27/17	
	Signature Matthew L. Larris Gr.	<u></u>
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	MATTHEN L. HARRIS TR (Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	